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ORIGINAL DEPARTMENT.

LECTURE.

THE PATHOLOGICAL MUSEUMS OF GREAT BRITAIN.

Extracts from the Introductory Address delivered at the opening of the Term of 1879-80,

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[After describing in detail the very excellent museum of the Albany Medical College, founded by Drs. Alden March, James H. Armsby and James McNaughton, the lecturer proceeded to compare it with some of the most celebrated collections in Great Britain]. * * * * *

Regarding Ireland, Dublin may be said to be the great centre for medical instruction. There are excellent hospitals, medical schools, colleges and museums, at Cork, Belfast and Galway, and many local dispensaries throughout the country, but the museum connected with the Royal College of Surgeons in Dublin undoubtedly surpasses all others. It contains a most excellent collection in comparative anatomy, and also exhibits a fine variety of well preserved mummies, in their various positions, as brought from Egypt and Peru. I did not find a better collection anywhere else than here, of wet specimens showing the various developments of the hermaphrodite. The wet specimens exhibiting stricture of the urethra and œsophagus, as well as those of diseases of the bladder, prostate gland and kidneys, were also particularly good. But few good specimens are presented of diseases and fractures of the bones. At Glasgow I visited the Andersonian University, an institution strictly medical, which has a good but not large museum attached. I was fortunately admitted into the private museum of its Professor of Anatomy, Dr. Geo. Buchanan, and to see the wonderful dissections he has made and preserved was a great pleasure. The buildings of the Glasgow University, in outward appearance and internal arrangements for its various museums, are the finest I have ever seen. Here I saw nearly all the valuable specimens left by the celebrated Dr. Wm. Hunter. I was amazed to see the specimens exhibiting the gravid uterus. The embryo and fœtus, perfect in its membranes, can be seen at any age. The collection in monstrosities is also wonderful. This museum has a good collection in every department. The janitor was a physician who had resided for many years in this country, and who speaks very flatteringly of our own museum.

Dr. Wm. Hunter made his museum to be of great service to him in giving medical evidence in the courts of England, where he often appeared as an expert, and for many years judges continued to avail themselves of his writings in their rulings and charges.

The museum connected with the University of Edinburgh excels in its department of comparative anatomy, but is not remarkable otherwise. One great peculiarity is that each professor has his own private collection to illustrate his lectures. It is here you find the immense collection of vesical calculi left by the great surgeon, Abernethy. They are well worth one's study.

In the splendid new pathological building connected with St. Thomas' Hospital, London, they have a well arranged but not large museum. It

is made mostly of wet specimens, well bottled and labeled, of diseased testicles, and dissections and operations of hernia, left by Sir Astley Cooper. It has also a fine array in comparative anatomy.

The museum connected with St. Bartholomew's Hospital is a fine affair, particularly in its arrangements. It has an excellent collection in dissections of the human body, also in comparative anatomy, and a large cabinet in materia medica. Here are exhibited some remarkable specimens of renal stones, some very large, and showing the imprint or cast of the pyramids and pelvis of the kidney. There are many fine specimens of vesical calculi also. Preserved as wet specimens, are transverse sections of the arm, forearm, thigh and leg, showing the skin, muscles, impacted vessels, the nerves and bones, as perfectly as in the frozen specimen. I may also mention exceedingly truthful dissections of the brachial plexus of nerves and of the elbow; all the vessels of the hand, popliteal space and sole of the foot; other sections, showing the origin of the cranial nerves and the anatomy of the base of the brain; transverse sections showing the posterior openings of the pharynx, the base of the skull internally and externally, also the carotid artery, injected, as were the other vessels of the neck. There are many sections of the face, showing the anterior openings of the pharynx, the mouth, the nose, of the eye, and many others, of the joints. The dissections showing the female bladder, vagina, urethra, uterus, and its attachments, the rectum, and a triangular section of the inner anterior surface of the uterus, showing the rugæ of the cervix and vagina, the ovary and fallopian tube laid open, all are excellent and clear, as is also a very valuable specimen in which the uterus is laid open, showing a three months' fœtus enclosed in its membranes and still attached.

All of the specimens are mounted in plaster casts, surrounded by alcohol, covered with good, clear glass and made air tight, as nearly as possible. In this manner they may be seen and studied by the students, who are admitted under the care of the janitor.

At the museum connected with Guy's Hospital they have the finest collection in wax preparations, showing the normal anatomy of the entire human body; also casts in wax, of tumors and diseases of the skin, and of other abnormal conditions of the body, in such number and variety as to render it impossible for me to do justice to them. They have here many pathological specimens showing the work of Sir Astley Cooper during his life.

At the Middlesex Hospital, the museum, though not large, has in it many rare and excellent specimens. In wax models the development of the chick and human ovum, also the fœtus, is shown clearly and to the best advantage. There is a large number of well selected casts of tumors of the body; of broken arms and legs, and of tumors of the penis and scrotum.

The models in wax showing the muscles and methods of tying various arteries are very good.

In wet pathological specimens of cysts of the kidneys, hypertrophy of the prostate gland—some of the latter enormous—diseases of the urethra, intestinal canal, showing ulceration, abscess of the lungs, the various kinds of tumors of the vascular, nervous and osseous structures, etc., one can say the collection is simply grand. The wax models showing the various kinds of ulceration, the diseases and tumors connected with the os-uteri, and forms of carcinoma about the face, are of the best. Some very curious monstrosities and hydrocephalic heads, the latter large, and preserved in alcohol, and the dried skulls of hydrocephalic heads, are excellent. There is here a large collection of skeletons and separated pelves, showing rickets, and one very remarkable skeleton of a youth, showing deposits upon almost every bone, the result of periostitis. There is a good number of fractured bones and dried arterial specimens.

In common with so many of the London museums, this has a large collection of vesical calculi, a peculiarity here being some enormous ones from the horse. Here the students are allowed many of the anatomical specimens to study, and the bones of the skeleton are mounted for that purpose, all under the observation of the curator. There is an excellent written catalogue of the specimens, but, as is the case in so many other pathological museums, no printed one.

They have the neatest museum, dissecting and lecture rooms, connected with St. Mary's Hospital, that can be found in all London. The museum is not large, but in complete order, and contains a number of wet specimens of great interest, especially as regards sacculated bladder, with and without stone; diseases of the joints, especially the shoulder and knee; stricture of the urethra and cystic disease of the kidneys. Drs. Jones and Sieveking, the authors of the excellent work on "Pathological Anatomy," were both lecturers in this institution.

At the museum connected with the London Hospital, one of the hospitals with which Dr. John Hutchinson is connected, they have an excellent collection of skulls, showing syphilitic

caries, and specimens of diseases of the liver, perforation and ulceration of the intestines, diseases of the heart, eye, brain and nervous system, bladder, testes, prostrate gland, urethra and various kinds of herniæ. They have a good number of casts, showing deformities of the feet, etc A large number of biliary calculi are shown; one very large stone, removed from the female bladder by dilatation of the urethra; aged 54. A number of models show the anatomy of the ear, and the normal and pathological condition of the ovum and female organs of generation. There are some fine dissections of monstrosities, showing misplaced viscera and points of union; also specimens of fractured bones, and an excellent exhibit of plates showing diseases of the skin, including the new Sydenham Society's publications. There is one plate quite peculiar, in that it goes to show the eruption on the mucous membrane of the stomach in a case of confluent smallpox, the pustules being filled with pus.

In comparative anatomy there is the skeleton of a lion, remarkable in showing a great amount of exostosis of nearly every bone. In this museum there is a great want of labels on specimens. There is a written catalogue, but no printed one.

They have a small but well arranged museum at the Charing Cross Hospital. It contains some fine specimens of enlarged prostate and diseases of the urethra.

The museum of King's College Hospital is very good in fractured bones preserved in spirits, and in diseases of the arteries and veins. I was especially interested in one specimen, that of an aneurism of the middle cerebral artery, the size of a hen's egg. Diseases of the urethra, testes, prostate gland, and of the uterus, are fairly shown. Some fine specimens of calculi imbedded in the pyramids of the kidney. A few good wax preparations, and a number showing distortions of the skeleton, are seen. There is a rich collection in materia medica and botany. No catalogue, and room and specimens very dusty.

In the museum of University College everything appeared in good order. There is a good collection of wax models showing diseases of the skin, and wet specimens exhibiting diseases of the brain, the various joints, bladder, cystic degeneration of the kidneys, stricture of the urethra, and cancerous and polypoid growths of the uterus. The usual number of human monsters and distorted skeletons from diseased bone are shown; also, a large number of vesical calculi, very nicely arranged. There are some exquisite dissections of the arteries and nerves shown here, and a good collection of broken bones. In connection with the cases of disease of the bladder, I heard Sir Henry Thompson remark "that he had never seen but two cases of true scirrhus of that organ." The specimens here showing diseases of the bones and tumors are numerous. There are some fine wet preparations showing herniæ, the inguinal sack and track of scrotal rupture, also fibrinous bands and slits in the mesentery showing internal strangulation of the intestine. There is here quite a wonderful specimen of scirrhus of the thyroid gland, and a number of specimens of gall-bladder, showing gall-stones in situ, besides a case of rupture of the liver that is quite interesting. In the museums I have mentioned there is, as with us, a great want of printed catalogues.

In arrangements and completeness, the museum attached to St. George's Hospital seems to me to rank next to that of the Royal College of Surgeons. It has a very full and complete printed catalogue, the work of John W. Ogle, M.D., F.R.C.S., and Mr. Timothy Holmes, F.R.C.S. I can speak of but one specimen there, and that is the skin of the cow from which Jenner took his first vaccine scab. It is preserved in a room almost by itself, and when we consider that previous to the great discovery of Jenner it was computed that forty thousand persons died annually, from smallpox, in Great Britain and Ireland; that in twenty-five years Europe had lost fifteen millions of its inhabitants by the same disease; and that in this country the ravages had been even more severe; we will not object to give such honor to anything connected with the discovery that gave us a safeguard in vaccination.

Of the great museum of the Royal College of Surgeons, England, and of the Army Medical Museum at Washington, I cannot attempt to speak. The catalogue of each, with that of St. George's Hospital, may be found in our State Library.

The excellent and grand museums in Vienna, Berlin, Liepsic and Paris, I have hardly time to mention.

But to return to our own museum: I have dwelt upon the facts relating to it because of the deep interest I take, and ever have taken, in its welfare. In proof of this feeling I wish to call your attention to the work that has been done, and is now doing, in the extension. During the past year the faculty have put in readiness what was formerly the lecture room of Professors MacNaughton and Townsend. In it I have placed many of my private specimens, to which I shall add others, amounting in all to something

over five hundred. There you will find a complete set of Bock's anatomical models; also all the plates of skin diseases published by the New Sydenham Society, together with many from other sources. In wet specimens are a large number of pathological ones, illustrating almost every form of disease to be met with in the human body, a collection of renal and vesical calculi, and a large number of gall stones. These are to be arranged so as to make them of the greatest possible use to the students. In another year I hope to have the catalogue complete, when due credit will be given, not only to my old students who have assisted me so much, but to all in the profession who have so kindly aided in forming this addition to the museum of the Albany Medical College.

COMMUNICATIONS.

VERATRUM VIRIDE AND ITS USES.

BY DR. EDWARD H. SHOLL,
Of Gainesville, Ala.

This article is intended to formulate a comprehensive and consecutive use of this drug for twenty years. What it teaches, carefully considered and acted on, will be of more than passing value to the profession at large, and is worthy of their serious attention.

It is not proposed to give arbitrary rules, but guides to those who are willing to learn from the lessons of experience, for the only successful physician is he who treats the individual and not a name, realizing fully the modifying influence of time, place, and personal idiosyncrasy. In its proper sphere of activity it is a gift of God, and apart from quinine and chloroform, no more useful medicine, in its judicious application, has been introduced during the last fifty years. *Age* is no barrier to its use; its range, in my experience, is from the infant of one month to those of past eighty years. *Dose* runs from $\frac{1}{32}$ of a drop to twelve drops, the last the largest I have ever found necessary to give at one time. *Race* has modified its use, so that, save in puerperal diseases, I never give it to the black in any acute disease, his peculiar physical conformation and ready tendency to depression precluding it entirely where it is found most useful in the white—in diseases of the air passages—post-mortem examination definitely proving the lung of the negro to have but two-thirds of the capacity of the lung of a white man of same weight and height.

Diseases of the Air Passages

will be first noticed. Here the law that governs its use, and from which I record no safe deviation, is, that it must be limited in its application in bronchitis and pneumonia, more particularly in the latter, to the first ninety-six hours of the attack, unless taken prior to that time, when its safe use may be indefinitely continued. It is out of place after the lung has become consolidated by inflammatory product, or its vesicular substance condensed by mucus or other product.

If this law is carefully followed I avouch its safe use, as I have never found but one case where it gave any cause for any unusual care, and in this case the depression was readily relieved.

Its action is that of a depurant, and an equalizer of the circulation, eliminating by the kidney and mucous surface of the bowel, and coordinating arterial action, so as to relieve either visceral or capillary congestion, and bring about an equilibrium.

In acute laryngitis, acute bronchitis and pneumonia, the best method of administration is to give the full dose, according to age, every two hours, till three doses are given, after that prolonging the interval to three hours, and continue thus, with instruction to reduce dose and prolong interval if nausea or vomiting ensues, and as the patient improves. Unless otherwise indicated, I prefer giving it alone, in a little water, so as to complicate its action as little as possible, using a mercurial or other purgative, if required, and an opiate if violence of cough and pleuritic pain at the outset require relief. I never give quinine within three hours before or after administering it, not fancying its combined action, and seldom or never finding any imperative demand for so doing, for in competitive tests, often repeated, I find here, in a region of country malarial from July to October, and impressing its type in the modification of many forms of disease, and where presumably quinine would be most valuable, particularly in pneumonia, that it bears so little value comparable to the veratrum, that I seldom resort to it, and when I have done so, have generally had cause to regret it. The largest dose for an adult, at one time, given as above directed, need seldom exceed four drops. For an infant one year old I give one-fourth of a drop as a dose; at one month one thirty-second of a drop. I would here say that, if anything, I prescribe it more frequently in infants and children, their ready susceptibility to all catarrhal affections demanding its more constant use for relief of their wants.

In those diseases of people advanced in life, I use it steadily, but in smaller doses, ordinarily giving at the same time a tablespoonful of a mixture of equal parts of syrup of lactophosphate of lime and sherry wine, to stay waste and gently stimulate. With the infant I use, in addition, in an aggravated case, mustard to front and rear of chest, repeated as needed, with hot foot baths, and if it be of the croupous variety, small blisters behind the ears.

The common result of this treatment in my hands, in all cases apparently hopeful, is prompt relief of the severe and often distressing symptoms, and a speedy recovery, with a very largely recorded successful result in the great bulk of cases that afford the least probability of a hopeful result.

A sense of rest, trust and repose has come to me in the constant use of this remedy, that nothing else but the certain antiperiodic effect of quinine gives. In leaving my cases thus treated I have long since learned to leave them with as little anxiety as any conscientious physician can do who has the welfare of others entrusted to his care; and this is no light boon to the professional toiler, often harassed and wearied with the necessary burdens incident to his life.

As this class of cases affords the widest and most constant field for the use of the veratrum, it may be best to specify just where it is inadmissible in them, and to define the other methods of treatment which necessarily stand in contrast.

In the intercurrent pneumonia of typhoid fever it is not safe to use it. Recently, in a case of double pneumonia, in a delicate young married lady, coming on in the second week of typhoid fever, the treatment was uninterrupted through the three weeks of its complication, until its entire relief, one tablespoonful of syrup of lactophosphate of lime with five grains of lactopeptine, every three hours, sweet milk, in quantities varying from one to four pints in twenty-four hours, being the sole diet during that time, with an occasional teaspoonful of paregoric, to control undue activity of the bowels, and three-grain doses of oxalate of cerium, to secure quiet rest and control the delirium, as needed.

Again, it cannot be safely used to any extent in cases of pneumonia with the negro; on the contrary, in a large and continuous practice among them for more than twenty-three years, I have learned to limit my remedies in pneumonia, with them, to whisky, Dover's powder, ammonia and quinine, useful in the order named, a common prescription being two tablespoonsful of whisky to an adult every two hours, sometimes increasing it, treating many grave cases, as pneumonia is by far the most fatal disease of adult life to them, with whisky and Dover's powder and good nourishment alone. Experience has taught me that in the administration of quinine in pneumonia, it is best to give all that is to be given during the twenty-four hours, from 15 to 20 grains in the adult, at the hour of lowest temperature, which is usually from 2 to 6 A.M., all at one dose.

I close the reference under this head with noting a variety of pneumonia, that of the steady, square drinker, who carries regularly his pint to a quart of whisky daily. This class of pneumonias here, however, comes exclusively under the domain of the undertaker, as I desire here to testify that the first case of recovery, by any method of treatment known to me, has yet to come to my notice. In my practice they have been in every instance fatal.

Dr. Edwin H. Watts, my former partner, now a leading physician of Galveston, Texas, said to me, that in a medical career of twenty-seven years he had never known a single instance of recovery.

Dr. Josiah C. Nott, of Mobile, justly famous in his day, avowed that in his long and very extensive practice he had seen no recoveries.

Whether this is climatic, as our average rainfall is about sixty inches yearly, or entirely due to the amount and quality of the other kind of moisture, my range of observation does not permit me to say.

Opium Poisoning, Acute and Chronic.

Years ago, through the columns of the REPORTER, I called attention to its value in acute opium poisoning, administered in ten-drop doses of the fluid extract or tincture, at intervals of ten minutes, in the adult. Further experience has convinced me of its value, as being so great that I have rarely believed it necessary to resort to other means.

A much wider and more benign field of usefulness and great good opens up in its pronounced virtue as an efficient and safe antidote in the chronic opium habit. The attention of the profession was first called to its powerful control over this habit by Dr. Giles, a very capable physician of this (Sumter) county, at the semi-annual meeting of our medical society, in October 1877, who had for some time been carefully testing its decided value in five-drop doses, three times daily. Our Secretary, Dr. R. D. Webb, of Livingston, Ala., and late President of the State Medical Society, at its last annual meeting, called the attention of the profession in Alabama

to it, asking their coöperation in a test of its remedial powers.

The evil has grown to enormous dimensions, marring the peace and happiness of many a household. Some of its slaves would willingly break their fetters, and I offer this to the profession of the world at large, and ask that they test this safe and simple method with those who desire to be relieved, protracting its use, as Dr. Giles did, sufficiently long to give it a valid test.

Chronic Valvular Disease of the Heart.

In aortic and mitral regurgitation, more particularly in the latter, with its distressing cardiac dyspnœa, and other attendant troubles, more relief will be found in the careful administration of equal parts of the fluid extracts of veratrum and digitalis, than in any remedies that can be administered. The doses must be tentatively and steadily given to the extreme limit that can be borne. Ordinarily eight drops of the mixture every three hours will suffice to meet the most urgent indications.

Puerperal Diseases.

In the REPORTER of July 20th, 1878, I entered into detail on the subject of puerperal peritonitis, where the veratrum was certainly the controlling agent in the successful result of treatment. Several times, more recently in the REPORTER of April 12th, 1879, I have called attention to its efficient action in puerperal convulsions in connection with other treatment, and as in severe cases; one I have recorded in a colored woman, where bleeding was inadmissible, there being present a double pneumonia; it, with morphine, brought the case to a happy issue, the woman not becoming conscious till the fifth day; its value here was most admirably developed.

Epilepsy.

I have record of two cases, brought to a successful issue, in one of which restoration to health was complete, in this regard, the remainder of her life. In the other case there has been no paroxysm since 1867. These cases were treated with five drops of fluid extract of veratrum viride, with two grains of sulphate of zinc, three times daily. In one stage of one case the scutellarin was added. My experience here is too limited to be anything but suggestive. It has also been highly recommended in the most violent forms of chorea. Fortunately, I have no personal experience in this disease.

Wounds of the Abdomen.

When the cavity of the abdomen has been entered with a sharp cutting instrument, without any serious lesion of the viscera, but with a severe peritonitis, and the intensest grade of fever possible following the injury, I have pushed the conjoined treatment of veratrum and morphine as steadily, rapidly and fully as could be borne, with the kindest and happiest results, giving here at times the veratrum in ten-drop doses, to combat as rapidly as practicable the violent inflammation. Reasoning from analogy, but not from experience, it is to be supposed that in the judicious use of the veratrum the ovariotomist would find, at times, a valuable addition to his resources.

Vertigo and Apoplexy.

In plethoric vertigo it has been my custom for years past to use it freely. Ordering perfect quiet, in the most comfortable position to the sufferer, ten drops are given at once. The same or a smaller dose is persistently given every three hours until relief is afforded, which is usually the case as soon as the least characteristic effect of the medicine is produced. It is then cautiously continued, due attention being paid to the secretions. In apoplexy with hemiplegia, I have used it freely during the last four years, for as many hours after the attack as were necessary to relieve the unsteadiness and tension of the pulse, with marked and desired results. With this résumé of its action and profitable uses, it is commended to the attention and practical scrutiny of the profession.

RELATION OF TELLURIC AND METEOROLOGICAL CONDITIONS TO MALARIAL DISEASES.

Read before the Williamson Co. (Ill.) Medical Association, October 7, 1879,

BY J. J. FLY, M.D.,
Of Pulley's Mill, Ill.

In order to secure a base for the remarks I propose to make upon this subject, I will give a short sketch of the character of the weather, and associated with it, the degree to which malarial fever and its concomitants have existed at different seasons, in this region of southern Illinois, since 1875. In this description I will not go into the details of minute thermometrical and barometrical ranges, but will give it in a general manner, and mostly from memory.

The winter of 1874-5 was exceedingly cold; many snow storms, and but little rain. The following spring moderately wet and very cool, vegetation being very backward. There was but little manifestation of malaria during this season. After the middle of July becoming very dry, so

continuing until the last of October. The creeks were all dry; wells and springs that were never before known to fail ceased to furnish water; vegetation was parched and withered under the scorching sun, and nearly everybody was sick; often in a family of half a dozen there would not be one found that was able to wait on the others. Intermittent, remittent, typho-malarial, pernicious fever, and dysentery, characterized the prevailing forms of disease. There was some abatement about the middle of October, but a more than usual amount merged into November.

The winter of 1875-6 was very warm and wet. The spring following a few heavy rains, but rather warm, and but very little sickness of any kind. July, August and September was again attended by a "good deal" of malarial fever; these months being very dry, more especially September, which was more sickly than either of the others.

The winter of 1876-7 was very cold, dry and healthy. Spring moderately warm and wet, with but few chills. Summer and fall very warm, but more rain, and a corresponding less amount of fevers.

The winter of 1877-8 very warm and wet; this character of weather prevailing throughout the spring. But little sickness of any kind. The following summer, 1878, is known by its "hot wave," throughout the United States. It commenced here about the 4th of July, and continued throughout August A drouth intervened soon after hot weather made its appearance, and continued very late in the fall. Pernicious fever, intermittent, and the usual forms of malarial disease prevailed, with considerable mortality.

The winter of 1878–9 was very warm and open until December, when heavy snows and very cold weather supervened, lasting until February, at which time it became warm and rainy.

The spring and summer of the present year has been very healthy; also very dry until the last of June, at which time it began to rain heavily, and has continued to rain every week since that time, the waters in the creeks continually running and overflowing as often as once a week. Vegetation of all kinds at present writing is as verdant as in spring time. The entire season, summer and fall, with the exception of about ten days, has been very cool. We have had less malarial troubles than any year succeeding 1875.

It will be seen, by the foregoing synopsis: 1st. That in the spring and early summer we usually have plenty of rain, and but little malarial fevers.

2d. That in the hot months, when we have least rain, is when these fevers prevail most.

3d. That they prevail more or less in a direct ratio to a corresponding degree of hot and dry weather following a wet season.

4th. That a cool and wet summer and fall, a time when these fevers usually prevail, insures immunity from them.

The above conclusions are the result of experience, therefore palpable facts. And these facts before us furnish a clue that enables us to determine the source of malaria, and under what ground and atmospheric conditions it may be generated. Pure air, pure water, and proper hygienic regulations, cannot result otherwise than in good health. An atmosphere laden with poisonous effluvia emanating from vegetable and animal decomposition, under a proper thermometrical range, will undoubtedly weaken the vital forces; therefore interfere with nutrition and assimilation, ultimating in disease. That foul drinking water, decaying animal and vegetable matter, may envelope us, and be consumed by us as food and drink, without being detrimental to health, seems to be proven by Dr. Rudolf Emerich's experiments, who was "not afraid to"

> "Drink from the gilded pool
> That beasts would cough at."

This dirty, foul smelling, "salmagundi" mixture, contaminated with "dirty rags, hairs of men and beasts, particles of fæces, etc., as the trench was the general receptacle of previous dirt carts, dead cats and the like," that honorable gentleman actually employed as a remedial measure in "constipation, headache, loss of appetite and muscular pains," etc. (Medical and Surgical Reporter, September 6th, 1879.)

But while the crude material of cesspools, in a saturated condition, may be taken into the stomach, go the rounds of the circulation, and be eliminated by the excretions, without prejudice to health, we certainly believe gases arising from them under a July and August sun will propagate malarial fever and all of its concomitants. Endemic diseases cannot be dependent upon any other cause than the peculiar condition of the atmosphere of the locality. An atmosphere that is pure cannot be a factor of disease; as such it must be impregnated with foreign deleterious agents; and they come from no other source than the sea or ground.

This leads us to the point of determining why is it that rainy and warm weather is favorable to health, while dry and warm weather is unfavorable?

In answer to the first proposition of this interrogatory, we must, as has been remarked, necessarily look to the ground and atmosphere.

During rainy seasons, especially winter and spring, the atmosphere is cool, the "ground water" high, and moisture extends to the surface. All debris, either animal or vegetable, is fully saturated with water at a sufficiently low temperature to prevent fermentation, and consequently any noxious exhalation. The atmosphere, from this fact, is free from these intrusions, therefore pure and bracing, which is a most favorable condition to health. In such seasons the temperature of the air is more equal throughout; and to this may be added the allotroptic change of oxygen and ozone, induced by electricity, which is supposed to be a powerful sanitary agent.

The present season, up to this time (September 15th) has been very cool, with the exception of about ten days, just preceding the rainy season, which was extremely hot. At this time the "ground water" became very low, as was indicated by the sinking of the wells in the neighborhood, some going dry. This period was characterized by cholera infantum, which prevailed with considerable mortality, but lapsed into the ordinary form of diarrhœa on the intervention of the rainy season. The "ground water" now arose suddenly; the atmosphere was cooled by the rains, and we had but a small aggregate of malarial manifestations; we can assign no other reason for it than those just mentioned.

The answer to the second proposition, why is it these fevers prevail most in hot and dry weather? throws us upon the same resources as the first, *viz.*, the ground and air.

But instead of running lakes and rills, and a soft and bracing atmosphere, we find dry and parched leaves in the beds of the water courses, and an air laden with the emanations of organic matter, that has been exhaled from decomposing masses on and in the earth. They exist in these localities without being detrimental to health, under a proper cool temperature, but are only waiting for the air to become sufficiently heated to commence the work of fermentation, when they, as "mere chemical agencies, or more probably low forms of life," rise as vapors, thereby becoming the fruitful source of the diseases under consideration. The level of the "ground water" bears a close relation to the prevailing type of disease present. And it is probable that the "under world," ere long, will furnish a solution to the puzzling questions that have hitherto belonged to étiology. "Pettenkofer's observations led Buhl to the discovery that in Munich there was a close relation between the height of the ground water and cases of typhoid fever; the outbreaks of typhoid fever occurred when the ground water was lowest, and especially when it has risen to an unusual height and suddenly fallen."—From a communication by Frank Woodbury, M.D., Attending Physician of the German Hospital, Philadelphia, to the MEDICAL AND SURGICAL REPORTER, August 20th, 1879.

From our own observation, malarial fevers exist more or less in proportion to the height of the ground water and the temperature of the atmosphere; that when the ground water is high, and the temperature of the ground and atmospheric air is high, paroxysmal fevers prevail in the sthenic form; and when the "ground water" sinks, and the air becomes cooler, they assume a lower and more continued form.

But while conditions favoring exhalations or non-exhalations are the prime sources in propagating or giving immunity from these diseases; there is another factor operating strongly in freeing us from the contaminating influence of these poisonous effluvia after they have been evolved. We refer to the diffusion of gases. It is a well known fact that there is a constant interchange going on between the ground and atmospheric air. Gases that will not combine chemically, have the power of becoming intimately mixed. Now, while heat favors decomposition and the attending exhalations, it also induces expansion of gases. By this provision the deleterious effects of these exhalations is weakened by their being intimately mixed, therefore diluted, in a rarefied atmosphere. The facility of the expansion of gases is affected by the different degrees of atmospheric pressure. A high pressure is an obstacle in the way, while a low pressure favors it most. When the soil is damp, the air humid, and the season attended by rain, atmospheric pressure is low. If to this be added a warm temperature, the most favorable condition is afforded to the expansion of gases; consequently the greatest diffusion of noxious effluvia, rendering the atmosphere more pure and healthy.

Myopia and the Color of the Eyes.

M. Nicaté stated, at the meeting of the French Society for the Advancement of Science, that as one of the results of his examination of 3434 eyes in relation to myopia, at Marseilles, this defect was observed far more frequently in light than in dark eyes, blue and gray eyes furnishing 18 per cent., and black and brown eyes only 11.27 per cent.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. E. E. MONTGOMERY.

REPORTED BY JOSEPH MARTIN, M. D., INTERNE.

Laceration of Cervix Uteri—Operation.

Eliza S., aged 21, single, of irregular habits, entered the Philadelphia Hospital June 3d, 1879, and gives us the following history: Always enjoyed good health until the birth of a child, five years ago. Since, has experienced a great amount of pain in the back and lower portion of the abdomen, a feeling of weight in walking, frontal headache, poor appetite, constipated bowels; feels weak and nervous; is quite hysterical and cannot sleep. Menstruation was regular until three months ago, when it ceased. She now has a constant, profuse, thick, yellowish discharge or leucorrhœa. You are well aware this group of symptoms is common to a number of uterine disorders. By digital examination, we find the cervix enlarged, the lower end flattened, hard, dense, presenting the sensation of cartilage, the surface abraded and covered by granulations; the antero-posterior diameter longer than the lateral, and a distinct depression or fissure laterally on each side of the os. The uterus is retroverted, and presents a distinct neck above the expanded extremity.

Placing her upon her side, and introducing Sims' speculum, you notice, at once, the flattened end and the fissures laterally; the whole surface red, abraded and granular. It is quite evident, I think, to all, that we have here a woman in whom the cervix uteri was lacerated during confinement; the lips have been everted and the fissures partly filled up by cicatricial tissue. The dense cartilaginous feel of the cervix is due to the infiltration from inflammatory exudation. This lesion occurs more frequently than is generally suspected. According to Emmet, of the cases that came under his care for uterine disorder, 32.80 per cent. of all who had been impregnated were found to have laceration. During this term I have examined the women one month after delivery, and found that nearly 50 per cent. have had more or less laceration of the cervix. Since the attention of the profession has been called to this lesion by Emmet we find operations probably more frequently performed for it than for any other of the genital organs.

In consideration of the causes, parturition must be regarded the most frequent, though it may occur as readily from malpractice in the attempt to bring about an abortion. In parturition it frequently is the result of rapid labor; the cervix, being rigid and undilatable, is torn through by the severe contractions of the uterus; the early use of the forceps before the uterus is fully dilated is another cause; the attempt to push the cervix over the head and hasten the dilatation of the os, is, I have no doubt, an occasional cause. In eleven cases that have come under my notice, in four was there a history of delivery by forceps. In tedious cases, where the head has been pressed upon a tightly contracted cervix for several hours, or, where a lip has been caught and pressed between the head and a portion of the pelvis, the bruised and congested tissue becomes readily torn by a slight augmentation of force. If the patient remains quiet in bed a slight laceration will unite. In the more severe cases, however, as the woman goes about, the weight of the uterus flattens out or everts the lips of the cervix, by pressure upon the walls of the vagina, and increased epithelial formation, inflammatory exudation and infiltration follow. The surfaces become abraded, and are frequently mistaken for ulceration, corroding ulcer, or the incipient stages of epithelioma. In a case that came under my care last spring, there was a history of frequent hemorrhage, violent pain in the abdomen and back, a profuse leucorrhœa, and loss of flesh and appetite; the patient presented a peculiar sallow look, an anxious expression, and was particularly despondent. Upon examination I found the vaginal portion of the cervix apparently absent, and the lower portion of the uterus covered with exuberant granulations, which broke down and bled upon the slightest pressure. I concluded at once that I had to deal with a disease of malignant character; I made applications of chromic acid, once in two weeks, and painted the surface semi-weekly during the interval with a solution of tannin in collodion. Greatly to my surprise the whole surface healed over, the pain disappeared, appetite and general condition improved; the cervix presented five distinct fissures; this patient would not submit to an operation, believing herself well. It was but a short time, however, before the cervix again became abraded, and the same condition will be developed. These cases can be apparently cured by the use of caustics and astringents for a length of time; but upon a little extra exercise, these cicatricial surfaces of low vitality rubbing against the vagina, become abraded, the old train of ills returns, and the patient goes back to her old medical attendant or to some other, complaining of her former trouble. These patients frequently travel from one physician to another, in the anxious search for permanent relief, and at last give up in utter despair. Is there a physician in active gynæological practice that has not met with such cases?

The increased cell formation and degeneration resulting is stated by Emmet to be a frequent cause of epithelioma at the climacteric period.

The mucous follicles gradually undergo cystic degeneration, increasing the eversion of the lips and the rolling out of the mucous membrane.

As a result of the lesion, the patient has a profuse leucorrhœa, complains of weight and pain in the abdomen upon walking, is weak, debilitated, and loses flesh, from the constant drain. The cicatricial tissue developed, as it contracts, presses upon the terminal nerves, giving rise to neuralgia and all its attendant ills.

Laceration takes place most frequently laterally, in some cases but upon one side. In thirteen cases I have seen but one that showed a laceration on one side only, nine on both sides, one laterally and forward, one laterally and backward, and one laterally and through both lips.

Having described this lesion and declared caustics and astringents ineffectual for its treatment, you will inquire what better have I to propose?

A great advance was made in the treatment

and permanent relief of such cases when Emmet proposed paring the edges of the laceration and bringing the freshened surfaces together. I will now proceed to show you how this operation is done. This patient being fully etherized, we place her upon her left side, with the left arm behind her, in the position for the use of Sims' speculum. By this instrument I readily expose the cervix; hooking a tenaculum into each lip, the two can readily be brought together, completely covering the abraded surfaces and giving the organ a more natural appearance. This is what I propose to accomplish by an operation.

As a first step in the operation the uterus is drawn down by a tenaculum and pierced from before backward, by a needle armed with a strong thread. This thread is hooked down from the cervical canal, cut, and the ends tied, giving a handle for each lip. To prevent hemorrhage, I have constructed a tourniquet, by cutting off the end of a flexible metal catheter and passing through it a loop of strong silk cord. This loop is placed well over the cervix, as high up as the vaginal attachment will permit, the ends drawn tight and tied over the rings of the catheter. I now freshen the edges of the fissures; this is done here with the knife, as the induration is so great that I cannot use the scissors; I remove the indurated tissue freely, particularly that in the angles of the fissures. You can see how admirably this improvised tourniquet serves the purpose, not a drop of blood being lost. The wound is now ready for the sutures. The first, or highest, is introduced from the inside, each end of the wire successively, as I can thus bring the suture further back upon the original surface; the others I will insert from one lip to the other, taking care to go two lines beyond the abraded surface upon each side. Three sutures on each side are all that are needed in this case. The sutures are brought together and held by the compressed shot; this done, you can now observe what will be accomplished by this operation. As I remove the tourniquet the hemorrhage is quite profuse, but as the surfaces are closely approximated it will soon cease. It, however, serves to show you what a valuable auxiliary is this simple contrivance, for without it the whole course of the operation would have been complicated by hemorrhage. I now introduce a plug of cotton saturated with a solution of acid carbolic in olive oil, 1 to 16, which will remain for forty-eight hours; the same dressing will be changed daily during the next three days, after which it will be discontinued, and an injection of a carbolized solution used twice daily. She will be faithfully confined to the recumbent position for the next two weeks, using the bed pan for urination and defecation. Her bowels will be kept open. Diet will be moderate and unstimulating.

28th. This patient is again brought before you, having experienced no discomfort except that of lying in bed. I will now remove two sutures on each side, leaving the one on each side nearest the os for a few days, to strengthen the weakly united surfaces. Union has been as complete as could be expected at this time.

At an examination, about the middle of July, the cervix was found completely united, resembling in appearance that of a virgin; the hard, dense feel of the vaginal portion had wholly disappeared, leucorrhœa ceased, pain absent, and general condition and appearance much improved. She expresses herself as feeling well.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

REPORTED BY GEO. F. SOUWERS, M.D.

Amputation of the Leg—Modification of Esmarch's Bandage.

GENTLEMEN:—You will remember seeing in this arena, some weeks ago, a man suffering with a chronic ulcerated condition of the dorsum of the foot, brought on, as the patient supposed, by exposure, during which his foot was severely frost-bitten; this he tells us took place some four years ago, since which time his foot has been in the condition you see, perfectly useless as an organ of locomotion, and a constant source of annoyance to him. On further inquiry, however, I found back of all this a specific history, and on examining the leg the scars of old rupial ulcers are found, thus throwing additional light on the case. The ulcer has a foul, unhealthy look, and on exploring with a probe, I can penetrate into the ankle joint and come in contact with diseased bone; there is caries, and a general ostitis of all the tarsal bones. I am satisfied that there is but one thing to be done for the relief of this man, and that is to amputate the foot. The experience of surgeons is against cutting through the os calcis, as in Pirogoff's operation, when there is a specific history present, the vitality of the cancellated structure of the bone seemingly not being sufficiently healthy to insure the rapid repair. Some perform Syme's operation, but I do not deem this a good case for such an operation; I think that amputation above the ankle would be better, under the circumstances, as there is thus less chance for the absorption of purulent matter than there is if we go through the more complex structures of the tarsus.

The question now presents itself as to the preferable plan of operation. I have the choice of four varieties—circular, antero-posterior, rectangular and lateral flaps. Of these I prefer the latter, in the lower part of the leg. The rectangular makes a good flap, but there is too much bone sacrificed. Good drainage, enough skin, and not too much muscle, which is liable to suppurate, are the requisites for a good flap. All these qualities, I think, are combined in the lateral flap, especially when cut from without inward. The flaps made in this manner present the further advantage of not bulging, as flaps made on the old plan do, when brought into apposition, and they slope down nicely and evenly to the bone.

The patient being anæsthetized, the Esmarch bandage is applied to the limb, in order to drain the tissues about to be amputated of their blood, and to avoid hemorrhage as much as possible. About this bandage and a modification I have made of it I shall speak later. I now place the patient in position for operation; one assistant, who sits on a chair at the end of the table, supports the patient's foot and ankle in his hands; another

supports the patient's knee. I now take an ordinary heavy scalpel and proceed to fashion the flaps, commencing the incision behind and bringing it in a curved line forward to the crest of the tibia; then I continue the incision on the other side of the leg till it reaches the point of commencement; I now dissect up the flaps till the point at which I propose to sever the bone is reached. The interosseous structures are now severed, the saw applied so as to cut through both bones at once, in order to avoid splintering or fracturing the fibula, and the major part of the operation is completed, the flaps during the sawing being held out of the way by an assistant. The angle at the sharp crest of the tibia is now sawn off, the bleeding vessels tied with carbolized catgut ligatures, the projecting ends of the nerves drawn out and cut off, tendons etc., trimmed down, the lips of the wound approximated by means of metallic sutures, and the wound is ready to be dressed. The wound after closure is washed out thoroughly, by means of injecting a stream of carbolized water, thus disinfecting the tissues and removing all clots and other matter which might have a tendency to prevent union. The carbolized dressing is applied, consisting of lint saturated with carbolized olive oil, in the proportion of one part of carbolic acid to sixteen or twenty parts of olive oil or lard, a waterproof paper applied over all, and around this a bandage, thus completing the dressing.

In regard to the bandage of Esmarch, there is this objection to its use; there is a wide rubber band, which is admirably adapted for the purpose for which it is intended, to drain out the blood from the tissues about to be removed, but to keep up the constriction during the operation, there is provided a narrow circular tubing, intended to be bound tightly around the limb. Now the result of this limited constriction is the production of a paralysis of the vaso-motor nerves distributed to the part constricted; an increased tendency to hemorrhage is thus induced. To avoid as far as possible this result, I have devised a form of constricting band, which I here show you; it consists of a strong flat band, about two inches in width. The ends of this band are strengthened, and several eyelet holes are bored, through which a narrow cord or tape is passed, and by means of which the ends of the bandage are fastened. The advantages of this bandage are the avoidance of linear constriction, and the decreased liability of producing paralysis, the pressure being distributed over a greater extent of surface.

Editorial Department.

Periscope.

The Throat in Tuberculosis.

Dr. F. C. Wilson says, in the *Medical Herald*—

It is surprising how little attention is paid to the laryngoscopic examination of the throat in suspected tubercular cases. Perhaps this may be due to the popular belief that the invasion of the throat by tubercular deposit is a complication of the last stages of the disease. It frequently happens that the throat is the first point involved, and the changes discoverable by the laryngoscope precede the manifestations in the lungs as detected by a most careful physical examination. A familiarity with the earlier changes in the throat may sometimes enable us to detect the development of consumption long before the condition of the lungs would require an examination. Much valuable time, and time, too, perhaps essential to the saving of life, might thus be gained. Among the symptoms which should attract the attention and suggest an examination of the larynx may be mentioned the following:—

First, the change of the voice, during a conversation, from a hoarseness to a high falsetto and then to a whisper.

Second, a frequent desire to clear the throat, causing a short, dry, hacking cough.

Third, difficult deglutition, either from impaired mobility of the thickened epiglottis, allowing substances to pass into the larynx, or from the great pain caused by the movement of the parts.

The first appearances, as far as diagnosis is concerned, are of most importance to us. The paleness of the mucous membrane described by Sawyer is not a simple anæmic condition, for the color is rather a muddy-grayish hue, and many congested capillaries are apparent, frequently producing a scarlet hue, sometimes even livid. The epiglottis soon becomes more or less thickened and tumefied, frequently much misshapen. The thickening is not a simple œdema, but an actual infiltration and tumefaction of the submucous tissue.

When ulceration occurs it may be either in simple superficial erosions, or more frequently in deeper ragged ulcers, with overhanging edges, and extending to the deeper structures, sometimes even perforating the cartilages. When sloughing and ulceration of the epiglottis occurs, it is almost always upon one side of the median line, in a diagonal direction, following the course of the little arterial twig supplying the tissues. The loss of substance occurs, too, upon the side corresponding to the diseased lung. The fearful condition of the poor patient who has such a mutilated epiglottis can hardly be depicted. He can swallow neither liquids nor solids without excruciating pain, and the torture is so great that he will actually starve himself to death rather than make the attempt. Nature can make no successful effort at repair of the rent, for hundreds of times each day, or whenever even saliva is swallowed, the raw edges of the slough are drawn apart, effectually preventing any effort at healing.

Puncture of the Intestines for Intestinal Obstruction.

Dr. W. A. Broadbent, of London, has an article on this subject in the *British Medical Journal*, September, in which he says—

I have recommended and practiced puncture of the intestine several times in intestinal obstruction, and have never seen injurious effects. The precautions which I consider necessary are the following:—

1. To secure, if possible, absolute freedom from peristaltic action of the bowel. This is done by giving an extra dose of opium by the mouth, or a considerable hypodermic injection of morphia, or both, three or four hours beforehand. No food of any kind should have been taken for some time.

2. To select, if possible, a coil of intestine which shall contain only gas, and not liquid. This will be in the jejunum, and is to be found above the umbilicus rather than below it. An indispensable condition is, that scarcely any food shall have been taken during the entire attack.

3. To pierce the coil exactly at its most convex part. The abdomen should be carefully watched for some time at every visit, and especially before the operation. In some cases, where the walls are thin, the outlines of various coils may be traced, even in repose; but this will be more distinct when peristalsis is provoked by pressure, friction, or manipulation of one kind or another; it will be seen also, which coils shift and which keep the same position when contracting. The spot chosen for the puncture should be as nearly as possible over the centre of a coil which does not roll about, and by preference in the linea alba. If the needle happen to hit the line of contact between two coils, it may tear both.

4. To exercise great care and patience during the escape of the gas. The needle should be held lightly, but rather firmly, perpendicular to the abdominal wall, and should not be allowed to follow too readily any movement of the intestine. Under the circumstances of obstruction, the respiratory movements are not great. As the gas escapes from the coil selected for puncture, it will collapse under pressure from neighboring coils, and the flow through the needle will cease; very soon, however, the air in the intestine will distribute itself and enter the empty portion, when it will again escape. This may be aided by gentle manipulation and pressure; but they should not be hastily resorted to; nothing is gained by hurry. Should the tube get blocked, aspiration may free it; but it is safer to drive a little air through the tube into the bowel than to exert powerful suction, which may draw the mucous membrane against the sharp needle.

It is better not to put on a bandage after the operation.

Puncture of the intestine can relieve obstruction only very rarely, and under exceptional circumstances. In the case related, in which there was reason to suppose that the cause of obstruction was external to the bowel, and was due to pressure by the tumor, or by adhesion, or to displacement and dragging of a portion of intestine, it was hoped that removal of distention might permit the parts to return to their previous condition and situation; and other conditions may be imagined in which this might occur, but it could have no effect on a stricture or intussusception. My own experience, however, would lead me to recommend puncture as a palliative; and though I have no experience to guide me, I should think it might be a useful preliminary to inflation, manipulation, suspension head downward, or other procedures in intussusception, twisting, or imprisonment of the bowel by adhesions.

The Treatment of Ophthalmia Neonatorum.

On this subject, Dr. C. Lundy writes to the Detroit *Lancet*, October:—

No absolute rule of treatment can be laid down which will apply in all cases, for certain ones will present conditions peculiar to themselves, and the practitioner must use his own judgment in their management. In the first stage, cold applications, made with proper care, will be useful in a majority of cases, while others derive little or no benefit from their use. Indeed, I have seen very happy effects from warm water applications in this stage of the disease. However, before they come under observation a majority of cases will have reached the second stage of the disease, which is indicated by the mucopurulent or purulent character of the discharge.

Then it will be necessary to cleanse the eyes thoroughly once in two, three or four hours, in a majority of cases, and in some instances they may be cleansed less frequently. The edges of the lids should be kept well anointed, in order to permit the free escape of the secretions, which may be wiped off with a piece of soft linen cloth from time to time. This is an important part of the treatment, and should be attended to with care. To the everted lids, after the eye has been thoroughly cleansed, applications of nitrate of silver, grs. 3, 5 or 10 to the ounce of water, may be made twice daily; or the mitigated stick (argent. nitrat., one part, potas. nitrat., two parts,) may be applied once daily, care being taken to wash off the latter. As the discharge grows less and the inflammation begins to subside, the applications may be weaker or they may be used less frequently. Other remedies may be used, either alone or in conjunction with these, but the foregoing will meet the indications in a vast majority of cases.

Phytolacca Decandra in Mastitis.

Further evidence of the value of this plant in mammary inflammation is given in the *Medical Biweekly*, Sept. 27th, by Dr. Wm. F. Holt, of Ga. He gives this case:—

On the night of November 12, 1876, I was called to see Mrs. A. B., in labor with her third child. Nothing unusual occurred, and on the following morning the labor successfully terminated. On visiting her the third day my attention was directed to the hard and painful breasts; her mind filled with gloomy forebodings, as she informed me that in both of her previous confinements they had caused her intense suffering, and had to be lanced several times, and that her convalescence was slow and tedious. Upon examination, I found both glands filled with several

hard nodules, and very painful. She stated that previously she had used various plasters that had been recommended, and that belladonna, both in the form of ointment and the fluid extract, had been used. I at once ordered her to take five drops of the fluid extract of phytolacca decandra every three hours, until its constitutional effect was produced, and then to suspend its use, or lengthen the intervals. I confess that my faith in the remedy was not very great, but it was the only one at my command. She faithfully carried out my directions, and in a few days all traces of the inflammation had disappeared. The same lady was confined again in 1878; the same symptoms presented themselves, and were again promptly relieved by the phytolacca decandra, administered as before. I could produce several more cases from my note book, showing the good effect of the remedy, but as *all* were attended with similar results, I deem it unnecessary.

Dr. Chas. H. Hall, of this city, informs me that he uses the fluid extract as a local application to the gland in addition to giving it internally, and that it rarely disappoints him in arresting the inflammation.

In this connection I would remark that the most reliable preparation I have used is the fluid extract (from the fresh root).

The Use of the Cold Bath in Enteric Fever.

Dr. Alexander Collie, Medical Officer to the Homerton Fever Hospital, writes, in the *British Medical Journal*, Sept. 20:—

A study of the papers of Professor Liebermeister and others, on the use of the cold bath in the treatment of enteric fever, led me to try it on the cases which came under my care in the Homerton Fever Hospital. I have given, personally, one hundred baths, some in severe, others in moderately severe, cases, taking as my guide not the temperature, but that *plus* the patient; for in this relation, as in others, patients vary much; the temperature with which one man may be highly delirious another bears with comparative equanimity. In the administration of our baths, then, we had regard less to the temperature than to the age, the state of heart, restlessness, and sleeplessness, and chiefly to the last. If the patient had not slept for two or three days, even if the temperature fell short of 103°, he was wrapped in a flannel dressing gown, and placed in a bath of 70° Fahr., gradually reduced to 60° in from ten to fifteen minutes, at the end of which time he was removed to bed, wrapped in a blanket. In nearly all the cases we thought it prudent to give some stimulant to the patient in the bath, from noting that its effect was to weaken the pulse, which fell but a few beats in frequency, and became thready, compressible, wavered, and sometimes almost disappeared. It required resolution to proceed with the bath in such circumstances—circumstances pointing to impending collapse, a result which occurred in two cases. The general effect of the bath was to lower the temperature, taken *per rectum*, two to three degrees at once, and for about three-quarters of an hour after the bath it continued to fall, about which time the maximum fall had been reached. It then began to rise, reaching its former height in periods varying from one to several hours. In a large number of cases sleep followed, varying from half an hour to two or three. The general conclusion formed of the value of the bath was that, in the milder cases and in some of the severe cases in the early period of the disease, the bath given once or twice daily was a useful way of relieving the discomfort produced by the heat, of allaying restlessness and producing sleep; that, beyond temporary relief of symptoms, it had no effect on the course of the disease or on the general mortality; and lastly, that in severe cases the remedy was inadmissible, owing to its depressing effect on the body generally, to the exhaustion which its administration entailed; but above all, for its definite and marked effect upon the circulation, which is invariably greatly weakened. In other words, that the bath was useful in relieving symptoms in those cases whose natural termination is recovery; inapplicable, by reason chiefly of cardiac weakness, in those cases whose natural termination is death; that is, in the cases in which specific treatment is needed. The depressing effect of the bath has been noticed by Professor Liebermeister, who considers a very high degree of cardiac weakness an important contraindication. What, exactly, may constitute such a condition, will be differently estimated by different persons; but it may be inferred reasonably that one who has been the subject of a fever whose definite and specific effect is to produce, and that rapidly, some kind of muscular degeneration and death by asthenia; one who has, let us say, passed ten days without sleep and with little or no food, is a person whose condition generally is one of weakness, and whose heart in particular is weak in a very high degree. What might be inferred, a look at the patient shows at once. He lies prostrate, unable to turn on his side or help himself to a drink, the impulse of his heart gone, the first sound inaudible, and the pulse quick and feble; in short, in a condition of exhaustion. Such a person, I submit, is one in whom there is a very high degree of cardiac weakness. To put the case briefly, those severe cases in which there is every probability of a fatal result from bodily weakness and severity of disease are not cases in which the "antipyretic treatment" is admissible.

The Treatment of Syphilis.

Dr. Brandis, of Berlin, says the *Practitioner*, is an entire adherent to the method of treatment by inunction in cases of syphilis, and he especially recommends it for children; he would also employ it in induration previous to the onset of the general symptoms. Dr. Brandis goes minutely into the question as to the time for making the inunction, and his rule is as follows: So long as the healing of a syphilitic affection progresses under the use of mercury this treatment should be continued, and other remedies should only be employed when the favorable action of the drug ceases. The length of time required for the saturation of the system, and when that point is reached, the interval which must be allowed before the inunction can be again returned to, depends so much on the idiosyncrasy of the patient, that no rule can be laid down beforehand. In the majority of cases, however, the

mercurial treatment can be adopted again after an interval of one or two weeks.

The Hypodermic Use of Morphia in Choleraic Diarrhœa.

Dr. Wm. Hardman, of Blackpool, writes to the *Lancet*, September 27th—

I have now followed this treatment as a part of my ordinary therapeutic routine for about three years, and have never found it fail in a single instance. A good many times during that period I have been called to people who, after vomiting and purging a various time, have been cold, livid, voiceless, almost pulseless, with blue lips and glassy eyes, cramped all over, and with the watery dejections running almost constantly, involuntarily, from them. I have given a hypodermic injection of half a grain of morphia, and in ten minutes the purging has ceased entirely, and recovery has ensued. Often purging is instantly stopped, not a single evacuation occurring after injection. At the utmost there will not be above one or two, which will occur in the ten minutes following. To the patient the change wrought in his condition seems nothing short of miraculous, and I say deliberately that in the whole range of medicine there is no one deed so gratifying to both patient and practitioner as the administration of a hypodermic injection of morphia in choleraic diarrhœa. The vomiting often persists for twenty-four hours, or so, afterward, but may be safely left to subside of itself, as all the danger is due to the purging.

Every now and then the practitioner will meet with a case where, after having given a hypodermic injection of morphia, the purging returns in a few hours. He may safely affirm, in a case of this kind, that the disease will turn out to be dysentery, though at the time the motions may be copious, pale, and watery, and not present the least resemblance to the usual discharges of dysentery. They will with certainty ultimately assume the dysenteric character, and other remedies may be at once tried, as opium and morphia possess no curative power over dysentery. It may be mentioned that the injection of as much as half a grain of morphia in choleraic diarrhœa is hardly ever followed by sleep, but a sensation of indescribable comfort and ease soon diffuses itself over the patient. As a rule, unless the patient be in a really critical state, a quarter to a third of a grain is ample; but if he is cramped, and signs of collapse appear, half a grain may be at once given without the least fear.

I will not encroach upon your valuable space with a description of a series of cases of a disease familiar to every practitioner, but merely end this communication by a summary of my conclusions, which are as follows:—

1. Choleraic diarrhœa can always be immediately stopped by the administration of morphia hypodermically.

2. If severe diarrhœa have persisted two hours, in spite of the administration of opium or morphia by the mouth, frequently, the hypodermic injection of morphia should be at once resorted to.

3. If cramps and collapse be present, the purging persisting, no time should be lost in administering morphia, subcutaneously, in full doses.

4. The treatment is absolutely free from danger, even if temporary suppression of urine or albuminuria be present.

5. Where not curative, the treatment is diagnostic, enabling us to foretell with certainty the advent of dysenteric symptoms.

6. The best preparation of morphia for this and other hypodermic purposes is the sulphate, on account of its smaller liability to undergo change into apomorphia.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Atlantic Monthly* continues to rank as one of the very choicest of the literary monthlies. The last number has a series of articles of the most creditable character, and the reviews of books, both foreign and American, serve to keep the reader acquainted with the leading productions of our literary men in a very satisfactory manner.

——The eighth part of the Atlas of Histology, by Dr. E. Klein and Mr. E. Noble Smith, takes up the subjects of blood vessels and lymphatic glands. It includes the structure of the heart, the development of capillaries, of lymph follicles, and other matters kindred thereto. The engravings are excellent and the text clear. For sale by J. B. Lippincott & Co., Philadelphia.

——In a reprint from the New York *Medical Journal*, Dr. Putnam Jacobi examines the question of the "sedative" dose of calomel. This is stated to be 15 to 20 grams and not larger, and the best method of its administration that it be placed dry on the tongue or rubbed into it. The indications are precise, and it should not be used unless these really exist or justify so heroic a remedy.

——The address of Dr. C. H. Todd, President of the Kentucky Medical Society, is upon the higher medical education, which he earnestly endorses, and calls especial attention to the fact that it is not merely or mainly teachers in colleges, but prominent practitioners everywhere, who have the power to secure it. As he says—

"Let the leading practitioners realize the fact that upon them devolves the duty of securing these great objects, a higher medical education and the enactment and enforcement of proper sanitary regulations. Let them prove themselves worthy of the great trust which they have accepted, and we will soon welcome the day when the Art and Science of Medicine will stand

above all other professions and sciences, in effecting its grand mission, of promoting the comfort, relieving the afflictions and increasing the usefulness of human existence."

——The Annual Report of the Vital Statistics of the City of Providence, prepared by Dr. Edwin M. Snow, gives a ratio of births, marriages and deaths to population, as follows:—

One birth in 38.44, or 26.01 in each 1.000.

One person married in 49.70, or 20.12 in each 1000.

One death in 50.78, or 19.69 in each 1000.

The average annual rate of mortality in Providence during the 24 years, from 1855 to 1878 inclusive, has been less than 20 in each 1000 of the population. This rate is very small for a city of the size of Providence.

——Dr. Samuel A. Jones, Professor of Materia Medica, on the homœopathic side of the University of Michigan, has had published a little book, entitled "The Grounds of a Homœopath's Faith," three lectures before a class (Bœricke & Tafel, New York City). It is chiefly made up of quotations, and presents no other grounds than those which have been undermined, washed away and dissolved long since, by scientific criticism. It is well that he calls it "faith," which is defined to be "belief without knowledge," or "a belief in things not seen."

BOOK NOTICES.

Winter and its Dangers. By Hamilton Osgood, M.D. American Health Primers, No. VI. Lindsay & Blakiston. Price 50 cents.

The appearance of this work is timely, coming almost with the first frost. The author speaks at all needed length on errors in dress, carelessness in bathing, in ventilation (or, as he calls it, with an affectation not in the best taste, and quite inaccurately, "pulmonary food"), neglect of exercise, the dangers of school life, and several allied topics. The style is agreeable, enlivened by numerous anecdotes, here and there with visible effort, indeed, but on the whole, very readable. We are glad to see that he has the courage to register a doubt about the propriety of the Turkish bath, and wish he had spoken far more decidedly. It is an exotic interloper, wholly unsuited to our climate and character. In conclusion, we must say that, while officially sympathizing with and endorsing the excellent and minute advice this book contains, we are obliged to whisper to ourselves that anybody who carried out the care of his own health to the fine point suggested would be a thought more unbearable to live with than Dickens' famous characters, Mr. Coddle and Mrs. Coddle.

Diseases of Women. By Lawson Tait, F.R.C.S. Second edition. Wood's Standard Medical Library. 8 vo., pp. 192.

Mr. Tait is a careless writer, whose style is unpolished and his arrangement indifferent; but he is a man of sound sense and great experience, and in spite of his manner, he attracts by the decision of his sentiments and the closeness of his observation. How refreshing it is, for example, to find a specialist in his branch who boldly advocates sound general instruction to girls in the hygiene of the sexual life. He is almost the only one we know who has had the courage to do so. "It is a sad misfortune," he observes (p. 29), "that all sexual questions are so completely hidden from children at puberty that they are driven to make discoveries for themselves." He also condemns the convent-like seclusion of girls' seminaries, and says, "it is a mischievous plan to draw wide barrier lines between the sexes in youth" (p. 126). "It is the duty of every parent to give to every child instruction in the nature and purport of sexual function" (p. 91).

Some of his observations are most important in a medico-legal view, especially those showing the inexplicable precocity and atrocity of girls, some not over ten years of age, who have accused men of rape, and gone into all the particulars of the act, when it never took place, nor had a shadow of foundation (p. 28). An interesting statement he makes is, that the popular idea that suckling the child tends to prevent conception is erroneous (p. 65). Is this so? Certainly, the majority of obstetricians think otherwise.

The work should have had a fuller index, and the cuts are poor.

Students' Aids Series. Aids to Anatomy. By George Brown, F.R.C.S. Aids to Therapeutics and Materia Medica. By C. E. A. Semple. Aids to Forensic Medicine and Toxicology. By W. D. Hemming, M.R.C.S. New York. G. P. Putnam's Sons. Price 50 cents each.

On a previous occasion we have noticed this series, when they were first introduced to the American public, several years ago. They have met with good success in England, but experience has convinced us that they are not adapted to the courses of instruction in this country; and we do not believe they will be of much advantage to students.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE RELATIONS OF PHARMACY AND MEDICINE.

A correspondent of this journal recently remarked that one benefit which young physicians derive from keeping on hand and dispensing their own medicines was that they thus secure a practical familiarity with drugs, which they could not obtain in the course of ordinary medical education.

This is no doubt true, and it is to be regretted that with all the advances in modern medical education less and less attention is constantly paid to pharmacy in the regular course. The time was when it was believed that a year in a drug store was time well spent by the young man expecting to become a physician. This is so no longer, and the student who reads in a city physician's office, pursues the ordinary curriculum, passes a year in a hospital and enters private practice, has almost no opportunity to learn to recognize drugs when he sees them, let alone to familiarize himself practically with their pharmacal properties.

Much of the indifference to therapeutics arises from this fact. Elegance and accuracy in writing prescriptions are little attended to. A foolish fear of polypharmacy, and the popularity of the example of the homœopathists in prescribing according to their law of the single remedy, have acted to discourage the use of well balanced prescriptions. What, no doubt, adds to this, is the extension and development of the arts of the pharmacist and his proprietary remedies. The latter are palatable, numerous, and suited to almost any case. Hence, as was satirically remarked before the Academy of Medicine of Paris, by Dr. CHATIN, in a recent discussion—

"Thanks to the enterprise of wholesale druggists, a host of *elegant* preparations are always at hand, which relieve the scientific *clinicien* from the ridiculous absurdity of writing a useless formula. Now that diseases are allowed to run their normal course under the watchful eye of the medical naturalist, the exhibition of an inert but *elegant* granule must be considered a vast improvement upon the active interference of our physicking forefathers."

In the last address of the President of the British Pharmaceutical Conference, Mr. SCHACHT, he drew the attention of his hearers to the questionable propriety of this disunion of the medical and pharmaceutical professions, and the injury it does to each, although confessedly associated with advantages to the latter. His words were—

"The very circumstance that appears to stamp pharmaceutical progress as unique, and to give it a special dignity—I mean its self-originating and self-sustained character—has largely tended to limit all knowledge of it to those who have specially watched the phenomenon or taken part in it. The policy of those who initiated, as of those who continued the effort, was one that all can respect for its independence, but which I cannot but fear time and experience will show to have been in this important respect unwise. It has served to intensify isolation where unification should prevail. The withdrawal of ourselves and our educational processes from the general professional ken has tended to encourage the elimination of the sciences we specially cultivate from the complete medical curriculum, and to foster the notion I have already deplored, that they are accessories of inferior value, and non-essential to medical culture. For this we must still bear our share of the blame.

"But wheresoever the blame should chiefly lie, I think that the fact of the practical isolation of pharmacy and its professors from the rest of medicine is due to the general defective acquaintance on the part of the professed medical man with both our subjects and our men."

One of the consequences is that the necessity

and the art of making medicines palatable are not sufficiently appreciated by physicians. It has been well observed by a recent writer on diseases of children that this is not only a question of taste; it is in very many cases one of the utmost utility. It is important for the physician to choose those medicines which are not only likely to prove beneficial, but which are readily taken by patients; for even valuable remedies may prove injurious by force or effort being required to enable them to be swallowed. They are, in consequence, either not given at all or only partially, while the excitement induced by their being forced often mars their usefulness. In no diseases is this more likely to occur than in those of an inflammatory character, requiring gentle and soothing remedies.

We should welcome, therefore, the efforts of the pharmacist in presenting agreeable and active combinations, but we should not repose entirely on his skill. A particular and practical familiarity with the qualities of articles of the materia medica and the processes of pharmacy will lead to the discovery of effective combinations and a confidence in the power of drugs which is now absent from many minds.

Notes and Comments.

Therapeutical Notes.

BORACIC ACID IN ECZEMA.

Dr. E. Kurz, of Florence, Italy, recommends

℞ Acidi boracici, 5 parts.
Unguenti petrolei, 5 to 10 parts.

Apply once or twice a day, in eczema, impetigo and prurigo.

SALICYLATE OF SODIUM IN CHOREA.

The *Bulletin Général de Thérapeutique*, 1879, contains a report of a case of chorea in a girl, aged ten years, under the care of Dr. Dresch, in which he used the salicylate of sodium, in the dose of a drachm and a half per diem. At first the medicine was rejected by the stomach, but after two days was tolerated. The exhibition of the medicine was, according to the report, followed by total cessation of the choreic movements and complete recovery in eight days.

CARBOLIC ACID SPRAY IN WHOOPING COUGH.

In the October number of the *American Journal Medical Science*, Dr. J. Lewis Smith reports very favorable results from inhalation of the following spray:—

℞. Acidi carbolici, ʒ ss
Potassii chloratis, ʒ ij
Glycerinæ, ʒ ij
Aquæ, ʒ vj. M.

To be used through a steam atomizer, three times daily, two to five minutes at each sitting.

Dr. Smith does not seem to be aware that Dr. Burchardt, of Berlin, employed this method about five years ago (see Cohen, *on Inhalation*, p. 155).

BISMUTH IN DYSENTERY.

In the *Lancet*, October 4, 1879, Dr. E. P. Houghton recommends—

℞. Bismuthi subnitratis.
Pulveris acaciæ, āā ʒ ss
Aquæ frigidæ, ʒ ij. M.

For a rectal injection, one to three times daily. This relieves the tenesmus and tormina in a very short time. In addition he gives ipecac., ℈ j—ʒ j, at intervals of eight to twelve hours, when the rectal symptoms are urgent. He has tried this treatment successfully in hundreds of cases.

Forms of Scarlatinal Poison.

Dr. D. P. Allen observes, in the Boston *Medical Journal*, that the following propositions can be abundantly established by observations and cases of the most reliable medical writers: 1. That during the prevalence of scarlatina there may occur cases of sore throat, both in those who have previously had scarlatina and in those who have not, and that this may be the only manifestation of the disease. 2. That these cases of sore throat without rash may communicate true scarlatina to others. 4. That scarlatina anginosa may be complicated by diphtheritic exudation. 4. That the period of incubation in many well-authenticated cases has not exceeded twenty-four to thirty-six hours. 5. That a patient in the first stages of the disease is capable of communicating it to another.

Intermittent Hemorrhages Caused by Malaria.

At the French Association for the Advancement of Science, M. Massart spoke on this topic. He quoted a curious case that had recently come under his observation. A lady who had had a tooth extracted by him told him, two days after the operation, that she had lost a great quantity of blood by hemorrhage soon after. Two days later she had another hemorrhage, and in spite of all his efforts to arrest it, another very considerable hemorrhage took place after an interval of two days more. Struck by the periodical

recurrence of these hemorrhages, M. Massart prescribed sulphate of quinine, and the phenomenon ceased.

During the discussion which followed, M. Castan observed that similar cases occurred very frequently in Montpellier.

M. Baréty said that he had frequently observed pulmonary and uterine hemorrhages of miasmatic origin. The pulmonary hemorrhages differed from hemorrhages that were determined by some other cause, both at their onset and end. The blood began to flow suddenly, without any premonitory blood-spitting or taste of blood in the mouth, which symptoms always, as a rule, preceded or followed pulmonary hemorrhages in tuberculosis. He added that, in all such cases, there were more or less slight symptoms of affection of the apices in the lungs.

Antidotes to Poisons.

Quoting from the *Pharm. Centralblatt*, the *American Journal of Pharmacy*, October, says:

Jandousch's general antidote for metallic salts consists of a mixture of iron sulphate and magnesium hydrate. As a certain preventive of phosphorus poisoning, if administered immediately, he recommends an emetic consisting of 0.8 gram cupric sulphate, and as a reliable antidote for carbolic acid, a mixture of 1 part calcium hydrate and 3 parts of sugar.

Hager considers freshly precipitated sesquioxide of iron an equally efficacious antidote for phosphorus, and also suggests the immediate administration of an emetic consisting of 1.0 gram cupric sulphate, followed by 0.5 gram of the same emetic every five minutes until the patient vomits, in case of poisoning with hydrocyanic acid or potassium cyanide.

The strychnia antidotes are very numerous; tannic acid, chloroform and chloral hydrate, in connection with emetics, however, appear to be most reliable.

Subconjunctival Entozoa.

Under this title, Dr. Fienzal has published, in the *Gazette Hebdomadaire*, September 12th, a paper which he read at the recent congress at Montpellier, giving an account of two cases of subconjunctival hydatids that he has met with at the Clinic of the Hospice des Quinze-Vingts, of which he is senior physician. One of these occurred in the person of a girl sixteen years of age, the cyst containing the *tænia echinococcus* having formed amidst the fibres of the rectus externus, producing a tumor as large as a chesnut. The other occurred in a girl three years of age, and consisted in a tumor the size of a nut, placed between the insertions of the rectus inferior and the rectus internus. On the extirpation of the tumor a vesicle the size of a cherry was removed intact, containing a *tænia solium*.

Lactation by Males.

The existence of the mammæ in the male is a striking example of the conservation by nature of useless parts—merely out of habit, as it were. Physiologists record various examples of actual lactation by males, to which one has been recently added by Dr. Krieger (London *Medical Record*). He reports a peculiar case of "gynæcomazia" which came under his notice some time ago. The patient was a boy, aged 7, who complained that his breasts had begun to swell for some time past, and that a fluid dropped from them. The history of the boy was good; there was nothing abnormal in his outer appearance. The breasts had been swollen during the previous week, and the secretion had oozed out of them. The boy's general health was not impaired by this phenomenon. On examining his breast, it was found that the mammæ resembled those of a girl aged 13 or 14. They were slightly pointed, the skin being very thin, delicate, and transparent. There were no long hairs on them. Both papillæ were small and flat. Beneath the right papilla was a tumor of the size of a Spanish nut; beneath the left another tumor as big as a walnut; both were covered with small nodules, and not painful to pressure. On pressing the papillæ slightly, or even when they were not subjected to pressure, small drops of a milky liquid oozed out of them. The fluid was alkaline, had a sweetish taste, and exhibited under the microscope a small number of milk globules and epithelium from the milk glands. The fluid oozed out, more or less, continually. No treatment was undertaken.

On Bark Splints.

Dr. Bettelheim, of Berlin, says that for several years he has, in treating fractures, used splints made from the bark of branches of cherry and plum trees. The bark is peeled off in autumn, from the green branches, and kept till used. Before the splints are applied, they are put into hot water for about a quarter of an hour. In this way they become quite soft, and may be twisted into any particular form, which they retain after having grown cold and hard.

Why would not the spruce bark of our northern forests be better than either of those here mentioned?

Sulphur in Diphtheria.

This was originally suggested by an American physician, and has been warmly advocated by Dr. J. A. E. Stuart, of New Brunswick. In the October number of the *Practitioner* he gives some further results of his experience, in these words:—

Since writing the former paper on this subject, I have treated several cases in the same manner, and with like excellent results. I now find that to rub the sulphur up with a little water, and apply it on a swab to the throat, is the easiest and safest method of application, for in blowing the dry substance on the throat it was sometimes not so easy to get it on the desired spot, and besides, the patient, especially if a child, was very apt to cough up sputa in your face, a most dangerous proceeding. In addition to this, I am of opinion that the moistened sulphur sticks better to the throat than the dry substance, and this is, I think, the advantage which a solid antiseptic has over a fluid, viz., that it exerts its action for a longer time, and this, I think, is also in favor of the method of treatment, where powdered benzoate of soda is blown on the throat.

In using sulphur præcipitatum we get a substance which, being free from grittiness, is more agreeable to the patient. To show the rapidity with which the disease disappeared when treated in this way, I find that of six cases under this method successfully treated, the average number of visits required from me was 2.5; an extraordinary statement, but one which is perfectly correct.

Correspondence.

Case of Hydrophobia.

Ed. Med. and Surg. Reporter:—

June 4th, 1879, Captain O. F. West, aged about 45, noticed a strange dog about his yard for several days, drinking the slop from his hog trough, and several times hissed his own dog on him, and ran him away from the premises; on the unfortunate morning above he was in the yard dividing the food thrown out for his own dog, and they soon began to fight over it; the Captain ran out, intending to kill the dog, when the dog made at him; he, catching at him with his left hand, received a wound in the hand near the wrist, the teeth piercing the flesh; he then killed the dog on the spot. The same dog bit a number of dogs in town, none of which have as yet shown hydrophobic symptoms. The wound in the hand healed up kindly in a few days, and no more attention was paid to it.

September 16th, the Captain was taken sick while in a political meeting and had to go home; he sent for Dr. O. H. P. Slaton, who found him strangely affected, with sick stomach, and vomiting a viscid, bluish fluid; had strange vertigo; would vomit on opening his eyes. Gave him some medicine to cleanse what he considered a foul stomach. His bowels were very hard to operate on; his tongue was heavily coated with a white coating; he suffered with a dull heavy pain at base of brain, running down the spine and was very nervous, especially at night; treatment seemed to relieve most of these symptoms, except an inability to control his head; he frequently asked his wife to raise it for him, and after he was able to walk about the streets he had a continual pain at the base of the brain, and said his head felt too heavy and he could not see well. I prescribed, for this feeling, gelsemium tincture, five drops every four hours; that seemed to remove it for a time, but soon lost its effect. On the 10th of October the pain became worse again, with sick stomach; gave him some blue mass and calomel pills, that operated well, but on the 11th of October he came to the office and stated that his bitten hand felt as if the dog had just inflicted the wound, and that the skin of his arm felt sore the entire length, extending to the base of the brain, and in the night it seemed to settle in the humerus. 12 o'clock, still worse; pain in the hand, arm and base of the brain so great, applied a blister to the nape of the neck, that drew well in a few hours, but gave him no relief; his head seemed to fall in any direction it got a start; in the night of the 12th, he had a return of sick stomach, with pain in the bowels, and he became very restless and nervous; the pain in the hand and arm ceased, but he still suffered with the back of his head and spine; at four o'clock in the morning he asked for a drink of water, and when he attempted to drink it he said that he strangled and jerked so that he did not drink much of it; at daylight he became so nervous that Dr. McFarland gave him a dose of morphine, which quieted him.

8½ o'clock A.M., 13th, I visited him in consultation; found him quiet, pulse 120, head inclined to right, and considerable pain in back of head; gave me history of the feeling in hand and arm running up to back of head, and his inability to swallow water; I handed him a glass of water and he shuddered and caught his breath, but succeeded in swallowing a little at the third trial, with great effort; I then handed him a bowl of water that had set in the sun all morning, told him to put his hand into it, and it was attended with the same shuddering and spasm of the chest; then the right hand, with same result. We then informed him that he had an unmistakable attack of hydrophobia, and advised him to set his house in order, for death would be the inevitable result. He asked that we blister the site of the old wound, that was entirely healed long since, which we did, and gave him morphine under the skin, but in spite of that, by 12 o'clock his symptoms were of the worst kind—constant spasm of the chest and throat and perfect horror of water or anything of a fluid kind, but distressing thirst and dryness of throat, constant effort to clear his throat and spit; noise of any kind producing spasm, or a breath of air; mind perfectly clear; made his will and all his requests as to what disposition to be made of his body and effects; was a very intelligent man, and said, "after going through two wars, and crossing the

plains of California by overland, then to have to be killed by a trifling dog, looked hard;" frequently sat up in a chair and conversed. All the symptoms continued to grow worse until 1 o'clock on the 17th, when he expired.

The poison in this case seemed to remain dormant in the system four months and nine days; and from all the facts we can gather, the dog was not rabid, but only in an angered state, at the time of inflicting the wound, for he was seen drinking water for several days previous, as well as walking about without hydrophobic symptoms. I have given this case somewhat in detail because of its interest to the profession.

I will further add, that out of a number of dogs bitten, in a tussel with this one, not a single one, up to this date, has gone mad. We did not attempt any treatment in the case, except the exhibition of anodynes—morphine, hydrate chloral and monobromide camphor; it required very large doses of these to at all control the spasm of the chest.

J. R. Slaton, M. D.

Senatobia, Miss.

New Method of Plugging the Posterior Nares.

Ed. Med. and Surg. Reporter:—

Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of Purpura Hemorrhagica, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

"Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked, gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable a short strand of metallic cylindrical beads, or bird shot, compressed on a cord, or small strips of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, heft and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

J. M. Spear, M.D.

Highland, O., Oct. 20th, 1879.

—The death of M. Devergie is reported in Paris, at the age of 82. He was a member and former President of the Académie de Médecine, Honorary Physician of the St. Louis Hospital, and former President of the Society of Legal Medicine. He was the author of a valuable work entitled *Médicine Légale, théorique et pratique.*

News and Miscellany.

American Public Health Association.

The seventh annual meeting of this Association convenes November 18th–21st, 1879, at Nashville, Tenn. The importance of the subjects to be considered has induced us to print the following papers connected with it:—

CIRCULAR OF THE COMMITTEE OF ARRANGEMENTS.

In great Britain and the British dependencies sanitary measures have, since the first cholera epidemic (1831), occupied the attention of its enlightened and far-seeing rulers. Now all Christendom looks with admiration upon the beneficial results of these measures. In America, however, government rests upon the people, and all great reforms based upon law must begin with them. To the people of the Union, more especially to those of the South and West, the fearful loss of life, property and comfort, caused by recent epidemics, is a plain warning that it is high time for them to act.

In view of the fact that the official and volunteer organizations representing sanitary science are to meet in this city November 18–21, it is earnestly hoped that every city and town in the South and West will be represented by at least one leading citizen as a delegate. Thus will the latest views upon Preventive State Medicine be diffused at once through all these threatened States, and an impetus to Health Reform given, which otherwise can hardly be attained by years of separate action.

Public men of all descriptions, jurists, clergymen, scientists, and others, are quite as welcome as physicians. For this reform is a matter of law more than of physic, and a healthy public opinion is the gist of the whole business.

From the North and East we have guarantees of the attendance of the ablest advocates of the cause in America, men who, by eloquent words and liberal acts, did unite a solid North in the relief of a suffering South. Let them be met by a hearty Southern welcome.

The railroads in Tennessee, as usual where the Public Health is concerned, have agreed to do all in their power. Passes will be sent to delegates from other States, both ways, over the main lines in Tennessee, upon early application to the undersigned. Doubtless the same courtesy will be extended to the delegates by the roads nearer home.

For persons in Tennessee the usual excursion rates can be obtained from the railroads centering in Nashville. The accompanying circulars will explain the character of the proceedings.

For special information address

J. Berrien Lindsley,
Secretary of Committee of Arrangements.

University of Virginia,
Charlottesville, Aug. 15th.

To Members of the American Public Health Association:—

Gentlemen:—At a meeting of the Executive Committee, held in Washington, January 3d, it was decided that the principal subject for discussion at the next annual meeting of the Association, to be held in Nashville, Tennessee, Novem-

ber 18th–21st, shall be the sanitary condition of towns and cities, especially those of the Southern States.

In selecting a subject of so wide a scope, the Committee considers that it will be expedient, if not indeed indispensable to the attainment of useful results, to limit the inquiry to certain specified branches of the general subject, rather than to attempt to cover the entire ground of city sanitation.

A few years ago a committee, appointed by the Association, prepared a series of elaborate schedules of questions facilitating such an inquiry, which have recently been published in pamphlet form as Circular No. 2, of the National Board of Health. A copy of this pamphlet will be furnished to any member of the Association who desires to take a part in the proposed discussion, on application to Dr. T. J. Turner, Secretary of the National Board of Health, and a member of the Executive Committee of this Association. His address is, Office of the National Board of Health, Washington, D. C.

The Executive Committee recommends the following subjects of inquiry: Water Supply, Schedule C; Drainage and Sewerage, D; Disposal of Garbage and Excreta, H; Slaughter Houses and Abattoirs, K; Public School Buildings, M; Public Health Laws, Regulations, etc., R; Expenses of Municipal Sanitation, U.

Attention is also called to the following resolution, presented by Dr. A. L. Gihon, U.S.N., at the last annual meeting:—

Resolved, That the Executive Committee be directed to provide for the investigation and discussion, at the next annual meeting, of the most effective means for preventing the spread of venereal diseases.

Members who propose to consider these subjects, or who may desire to treat exhaustively some special subject of their own selection, are invited to prepare papers not to require more than thirty minutes in reading, and to forward titles and abstracts, in accordance with Section VIII of the Constitution. J. L. CABELL,

President American Public Health Association and Chairman Executive Committee.

ANNOUNCEMENT.

The Executive Committee of the American Public Health Association has decided to supplement the discussion on certain points relating to city sanitation heretofore ordered for the Nashville meeting, and announced in the President's circular of August 15th, by one on the practical questions connected with the management of an actual or threatened outbreak of yellow fever. It is considered proper that the whole country should have the benefit of the practical lessons taught by the epidemic visitations of 1878 and 1879, and it is fit that the popular diffusion of this knowledge should be made through the medium of this Association, which will have an unusually favorable opportunity, at the meeting in Nashville, November 18–21, for collecting and recording the conclusions of intelligent and skilled observers as to the practical working of the measures recently put into operation by State and municipal authorities, aided by the National Board of Health, with a view to prevent the spread of the disease from local sources of infection.

The oral discussion will be prefaced by the reading of several papers by members of the Association who have been actively engaged in this practical work during the prevalence of the existing epidemic in Memphis and elsewhere. In order to give definite direction to the discussion the Executive Committee has adopted the following schedule of the points to be especially considered:—

1. How to deal with a city in the yellow fever zone, in order to prevent the appearance of a first case.

2. How to prevent the importation of a first case.

3. How to deal with a first case, and early cases generally, when, in spite of precautions under first and second headings, it has made its appearance.

4. The duty of local boards of health, or other health authorities, to report such cases promptly, even though there may be some doubt as to the diagnosis. Whether the knowledge that such reports would be faithfully made would not have a tendency to allay apprehensions and give confidence to other communities, while warning them of the importance of making preparations for contingencies.

5. Under what circumstances may it become necessary or expedient to remove the unacclimated portion of the population from an infected place? How may this be effected for the poorer classes of the population, and how should the people thus removed be cared for and supported?

6. Measures for isolating a dangerously infected place.

7. Organizations for the relief and treatment of the sick in an infected city.

8. Measures for preventing the spread of the disease from an infected place by railroads, including the management of transfer stations.

9. Inspection of steamboats at an infected place and at intermediate stations between the port of departure and their final destination. Should stations of observation be established by the National Board of Health? If so, what should be their relations to the health authorities of the States within whose territorial limits they may be established.

10. Results of the coöperation and aid given by the National Board of Health to State and municipal boards, under the provisions of the act approved June 2, 1879. What suggestions may be made to render this system more efficient?

J. L. CABELL,

President American Public Health Association.

October 4, 1879.

Washington Training School for Nurses.

The second session of this excellent institution opened October 27th. On the occasion Dr. Toner, ex-President of the American Medical Association, made an address, in the course of which he aptly stated the object of the institution, in these words—

It is not mere servants that are wanted in the sick room, or that we propose to instruct in this school, and to recommend as competent and trustworthy nurses. By a wise selection of

pupils and by careful training we aim to assist in elevating and dignifying the calling of the nurse to that of a respectable and profitable profession.

The necessity for and the usefulness of the office is now generally admitted by the public. That it will require persons of some culture and sound judgment, with capacity for self-denial, and observation to acquire the necessary knowledge to qualify them for such responsible duties, and an individual perseverance to make such knowledge available, must be conceded. Indeed, the self-abnegation and control of feelings required of the nurse—as to wear constantly a bright countenance, to command a prompt and never wearying sympathy, with a kindly word of encouragement in a gentle tone of voice, and to be cheerful without levity, and silent without moroseness; to be ever attentive and observant of instructions and the patient's condition—requires qualities scarcely less heroic and perfect than are demanded in the professional and higher walks of life. Where such qualities and skill exist in the nurse they will be rewarded. Those who do not possess these characteristics in a fair degree had better seek some other avocation in life.

Progress in Treatment of the Insane.

The word "Bedlam" has become, in English, a common synonym of turmoil, noise, and mismanagement. But how different the London hospital of that name, now, from what it was early in the last century, when it was a common pastime of the town to visit it, in order to see the maniacs flogged. Dr. J. P. Gray, of the Utica Asylum, in an address before the Oneida County Medical Society, described it and some others he had seen in a recent visit. In regard to decorations, better furnishing, etc., in the institutions in Great Britain, there seemed to be a general progress in this direction. He saw that in some of the oldest institutions, for instance, Bethlem Hospital, of London, this, however, being but one of many, painting, in pleasant, bright, and cheerful colors, decorative paper, etc., has taken the place of the dreary, white-washed wall and ceiling. The glass transoms could be seen over the doors, in place of the holes of former times, to the infinite comfort and pleasure of all, and as he was informed and could well believe, to the great benefit of the patients. In some of the institutions he says he saw the interiors in the process of transition, some of the wards being not yet complete, and the contrast was very striking. In some of the institutions the chapels were really very elaborately finished, to correspond with the general sentiment in these matters outside.

Ancient Cosmetics.

The *Edinburgh Review* says: Most interesting is the reflection how persistent is that human weakness which for more than 6000 years has rewarded the skill of the professors of cosmetic art. We know from the tract, Sabbath of the *Mishna*, that the oil of roses, and the use of acid remedies for the toothache, are as old as the codification of the oral law. Nay, more, the use in those early days of artificial teeth is proved by the debate on the question whether it was allowable to go out on the Sabbath with these contrivances in the mouth. The decision, a very characteristic one, was that if the tooth was regarded as an ornament it was legal so to do, but not if it was regarded as a useful implement. It was also allowed to bear about the person on the Sabbath a fox's tooth, which, if extracted from the living animal, was good to procure sleep.

The Talmud on Medical Matters.

Mr. Magnus, Sr., of Berlin, publishes, in the *Deutsch. Archiv f. d. Geschichte d. Medicin* (1879, p. 260), the following passages from the Talmud:—"At the head of all diseases am I, the blood; at the head of all remedies am I, the wine. Eat hearty, you will feel its effects when walking. A drop of cold water mornings (in the eye), and washing the hands and feet in the evening, are better than all eye salves. Before a distant physician may arrive the eye may become blind. Badly off is the town whose physician has the gout, and whose oculist only has one eye. Honor the physician before you need his services. A physician who makes gratuitous cures is of no account. The door which is closed to prayers for alms opens for the physician."

MARRIAGES.

ALEXANDER—THAYER.—October 15th, at Washington Heights, N. Y., by the Rev. Dr. J. C. Eccleston, Welcome T. Alexander, M.D., and Aimee Gabrielle, only daughter of F. A. Thayer.

HALL—COOLIDGE.—In Boston, October 14th, at Trinity Church, by the Rev. Phillips Brooks, assisted by the Rev. John Hall, D.D., of New York, Dr. Richard J. Hall, of New York, and Miss Elise B. Coolidge, of Boston.

JACKSON—REED.—At Camden, N. J., October 1st, by Rev. L. C. Baker, John W. Jackson, M.D., of Rockaway, N. J., and Mrs. Sarah C. Reed, of Camden.

LLOYD—NEWELL.—At Haddonfield, N. J., on the 15th ult., by the Rev. L. M. Colfelt, Dr. James Hendric Lloyd, of West Philadelphia, and Sue D., daughter of the late William C. Newell, of Philadelphia.

SEIBERT—WELSH.—On October 3d, 1879, in West Philadelphia, at the residence of Mr. John Welsh, the father of the bride, by the Rev. R. Bethell Claxton, D.D., John Philip Seibert, M.D., of Chambersburg, Pa., and Marion Welsh, of West Philadelphia.

TAYLOR—COOPER—On Thursday, October 23d, at Christ Church, Philadelphia, by Rev. Dr. E. A. Foggo, assisted by Rev. Dr. J. F. Garrison, H. Genet Taylor, M.D., and Helen, daughter of Alexander Cooper, all of Camden, N. J.

DEATHS.

BEAUMONT.—Dr. A. H. Beaumont, a well-known citizen, and a classmate of President Hayes at Kenyon College, died at his residence in Cleveland, Oct. 30th, at the age of 56 years.

DUFFIELD.—At McConnellsburg, Pa., October 13th, Annie E., eldest daughter of Dr. S. E. Duffield, in the thirtieth year of her age.

HOLDEN.—On Sunday, the 19th inst., at Scarborough, Westchester County, N. Y., Dr. Jas. H. Holden, in the 52d year of his age.

RYAN.—On Sunday evening, the 19th inst., Dr. Charles Ryan.

WADSWORTH.—In this city, on the 31st ult., Kate S. Wadsworth, wife of Henry Wadsworth, M.D.